



305 Locust St.; Malvern, AR 72104

501)332-3638 Fax 501)332-7607

OCCUPATIONAL LICENSE
APPLICATION

DATE: _____

Business Name: _____

Owner: _____ **Telephone #** _____

Business Address: _____

Mailing Address: _____

Kind of Business or Occupation: _____

A) EMPLOYEES: _____ x _____ = _____

B) BASE LICENSE FEE: ***** _____

C) SUBTOTAL: ***** _____

D) TOTAL AMOUNT DUE: ***** _____

The statements contained in the above Occupation License Application are true
and correct to the best of my knowledge.

***PLEASE MAKE NOTE OF OUR NEW MAILING ADDRESS:**
120 B WEST THIRD STREET

SIGNATURE: _____

THIS LICENSE REQUIRED UNDER ORDINANCE NO. 733